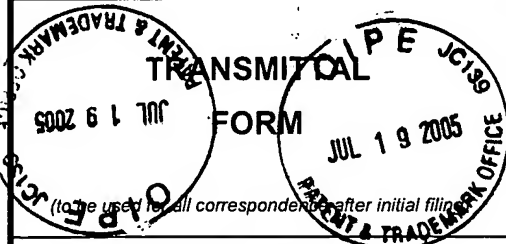
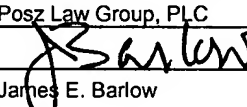


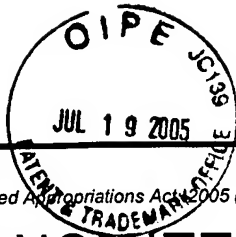
IFW \$

	Application Number	10/759,122
	Filing Date	1/20/2004
	First Named Inventor	TOYODA
	Art Unit	2815
	Examiner Name	Wilson
Total Number of Pages in This Submission	Attorney Docket Number	01-541

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature			
Printed name	James E. Barlow		
Date	19 July 2005	Reg. No.	32,377

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	



Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant Claims small entity status. See 37 CFR 1.27

Application Number **10/759,122**
Filing Date **1/20/2004**
First Named Inventor **TOYODA**
Examiner Name **Wilson**

Art Unit **2815**

TOTAL AMOUNT OF PAYMENT (\$ **600**)

Attorney Docket No. **01-541**

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims 21 Extra Claims 0 Fee (\$) 0 Fee Paid (\$) 0

Multiple Dependent Claims
Fee (\$) 0 Fee Paid (\$) 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 6 Extra Claims 3 Fee (\$) 200 Fee Paid (\$) 600

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fees Paid (\$)

SUBMITTED BY

Signature

Registration No. **32,377**
(Attorney/Agent)

Telephone **(703) 707-9110**

Name (Print/Type)

James E. Barlow

Date **19 July 2005**

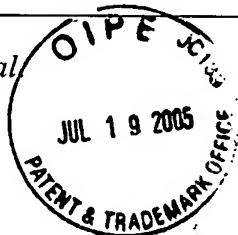
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: TOYODA *et al.*

Serial No.: 10/759,122

Filed: 1/20/2004

Title: PRESSURE DETECTING DEVICE



Atty. Dkt.: 01-541

Art Unit: 2815

Examiner: Wilson

Commissioner for Patents
U.S. Patent and Trademark Office
Customer Window Mail Stop Amendment
Randolph Building
401 Dulany St.
Alexandria, VA 22314

Date: 19 July 2005

AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed 20 April 2005, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 13 of this paper.

07/20/2005 HAL111 00000086 10759122

01 FC:1201

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